

Law Care

David A. Colecchia, Esquire; Kelly A. Balog, Esquire
Justin P. Schantz, Esquire

Main Office - Greensburg Meetings available in Indiana, Johnstown, and Somerset
a debt relief agency

CRIMINAL FEE AGREEMENT

Made this April day of 7, 2017

between Attorney Colecchia and this law firm, LAW CARE ®
and Jacqueline Graham, hereinafter referred to as client.

Client hereby agrees to retain the services of Attorney Colecchia
for representation concerning the following criminal matter(s):

Case Number: _____

Court Filed: _____

County/District Filed: Wilmington DE

Charges: Distribution of a controlled
Substance

In consideration for such representation client agrees to:

1) Pay Attorney Colecchia a retainer of:
\$7500 by _____ day of _____, 2017.

2) Pay Attorney Colecchia and this law firm for all billable hours
due on the above matters at the rate of \$300 per hour for Attorney Colecchia,
Jr. Attorney Schantz, rate of \$285 per hour and \$9.5
per hour for Paralegal work. Billable hours are those hours Attorney
Colecchia expends in the prosecution of the case and include and are not
Schantz
Staff

An Organization of Attorneys

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limited to travel time, telephone calls, time researching the legal issues in the case, time preparing legal motions and briefs, in court time, out of court time, time spent meeting with Attorney Colacchia, Sg. & T., and any other time reasonable and necessary for the furtherance of the client's legal interests.

3) In addition, client further agrees to pay all administrative expenses and litigation costs when due. Administrative expenses include and are not limited to copying costs, tolls, parking, and mileage if necessary. Litigation costs include and are not limited to expert witness fees, filing fees, service costs, subpoena costs, transcript costs, etc. *If you are paying with a credit card, you will be charged a 2.85% rate of the total payment received. You will be invoiced for the charge that will be only paid by check, money-orders, and/or cash.*

4) Client understands and agrees that any balance remaining ninety days after demand shall be charged interest at the annual percentage rate of twelve percent per annum.

5) Client agrees that venue for any dispute arising under this agreement shall be Westmoreland County Pennsylvania and that such dispute shall be referred promptly to the Westmoreland County Fee Dispute Committee.

6. Client elects to pay monthly payments via credit card and authorizes LAW CARE, or Attorney _____ to charge his/her credit card at least \$ _____ per month for any unpaid balances:

Credit Card: Type: _____ Expires: _____
Number: _____
Name on Card: _____

7) Client understands and consents to Attorney Colacchia's withdrawal from representation if the bill becomes over one hundred and twenty days overdue after demand.

8) Client agrees to pay a ***non-refundable*** \$25.00 fee for all returned checks.

9) Other: _____

10) Client acknowledges receipt of a signed copy of this agreement.

11) All retainers are ***non-refundable***.

Consenting:

Attorney

Consenting:


Jacqueline A. Grah
Client

SSN: _____

-5995